

Case Number:	CM13-0031461		
Date Assigned:	12/04/2013	Date of Injury:	01/25/2013
Decision Date:	01/30/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a male who reported an injury on 01/25/2013 and has an unknown date of birth. The mechanism of injury was noted as the patient's hand was caught on the moving shaft of a mixer, resulting in lacerations and broken bones to the fingers and left hand. The patient was noted to have undergone open reduction, internal fixation of the left distal radius and ulnar fractures. It is indicated that the patient had previously had 26 sessions of postoperative therapy. It was noted that at his 07/19/2013 visit, he had shown significant improvement to his range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Outpatient post-operative occupational therapy to the left wrist/hand, two (2) times per week over three (3) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

Decision rationale: According to the California postsurgical guidelines, the postsurgical physical medicine treatment period following surgery for fracture of the radius or ulna is 4 months. The therapy recommendations are 16 visits over 8 weeks following this surgery. As the patient was noted to have previously completed 26 sessions of therapy, and there were no exceptional factors noted in the medical records, the request is not supported. Additionally, the

patient's surgery date was not provided; however, notes indicate that it has been greater than 4 months since that procedure, therefore, the patient has exceeded the postsurgical physical medicine treatment period. For these reasons, the request is non-certified.